			~; (9	K	0	Soll
	PATENT	APPLICATION Effect	ON FEE D			ON RECOR		Application	or D	ocket Num	127
		CLAIMS A	S FILED (Column		1.0	ımn 2)	SMALL E	NTITY '	/		THAN
TC	TAL CLAIMS		(Column		(COIL	inin 2)	TYPE C	FEE	OR 1	SMALL	
FC	R	*	NUMBER	FILED	NUME	BER EXTRA	BASIC FEE	 		RATE BASIC FEE	710.00
TC	TAL CHARGE	ABLE CLAIMS	17.2	nus 20=				000.00	- OH	· · · · ·	710.00
-	EPENDENT C		1/		•		X\$ 9=	<u> </u>	OR	X\$18=	
		NDENT CLAIM F	1/19	inus 3 =			X40=		OR	X80=	
				·			+135=		OR	+270=	
lf	the difference	in column 1 is	less than z	ero, enter	"0" in c	column 2	TOTAL		OR	TOTAL	
	C	COlumn 1)	AMENDE	D - PART (Colum		(Column 3)	SMALL	ENTITY	OR	OTHER SMALL	
AWENDINEN A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ST BER USLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	,
	Independent	*	Minus	***		=	X40=			X80=	
•	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM		X40=		OR	∧o∪=	
	•						+135=		OR	+270=	
							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	2	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	01.4114	=	X40=		OR	X80=	
_[THOT PRESE	INTATION OF ME	OLITE DE	CINUENT	CLAIM		+135=		OR	+270=	
							TOTAL			TOTAL	
		(Column 1)		(Colum	n 2)	(Column 3)	ADDIT. FEE		,	ADDIT. FEE	
200		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB: PREVIOU PAID F	ST ER JSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=	
-	Independent	*	Minus	***							
1		NTATION OF MI	II TIPLE DEC	DENIDENIT	CLAIM		X40=		OR	X80=	i
	FIRST PRESE	TOTAL OF THE	JETH CE DEF	CIADEIAL	O E / 11111			1	į.		
<u> </u>		nn 1 is less than th		- '		2	+135=		OR	+270=	

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

		CLAIMS A	S FILED - Column 1)	SMALL TYPE	OR	OTHER THAN SMALL ENTITY				
FC)R	NUMB	ER FILED	NUMBER	EXTRA	RATE	FEE	1	RATE	FEE
ВА	SIC FEE			Č.		3.1	345.00	OR	-5-3, 000	690.00
TC	TAL CLAIMS	12	9 minus	20= 1 /0 9		X\$ 9=		OR	X\$18=	1462
INE	EPENDENT CL	AIMS	5 minus	3= 1 12		X39=		OR	X78= ·	C, 76
ML	LTIPLE DEPEN	DENT CLAIM P	RESENT			.120		1	.000	7) 0
* If	the difference	in column 1 is	less than ze	ero, enter "0" in	column 2	+130=		OR		ے میں و
	C	LAIMS AS A	AMENDED) - PART II (Column 2)	(Column 3)	TOTAL	LENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**	= .	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***]=	X39=		OR	X78=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT CLAIM	1	+130=		OR	+260=	
						TOTAL			TOTAL ADDIT. FEE	<u> </u>
	·	(Column 1)		(Column 2)	(Column 3)	ADDIT. FEE			ADDII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	· 77	Minus	/29		X\$ 9=		OR	X\$18=	·
AME	Independent	16 16 NTATION OF M	Minus	PENDENT CLAIN	[]= /	X39=		OR	X78=	80
_	FIRST FRESE	NIATION OF W	OLTIFLE DE	PENDENT CLAIN	<u>'</u>	+130=		OR	+260=	
						TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)	7,5517.122			ADDII. 1 EE	
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	. 23	Minus	77	=	X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	· 18	Minus	1Q	= 2	X39=		OR	279	1/04
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT CLAIM	1					147
				mn 2, write "0" in co		+130= TOTAL		OR	+260= TOTAL	
	If the "Highest Nu If the "Highest Nu	mber Previously F mber Previously F	aid For" IN THI Paid For" IN THI	S SPACE is less the S SPACE is less the r Independent) is the	an 20, enter "20." an 3, enter "3."	ADDIT. FEE	propriate bo		ADDIT. FEE	

FORM PTO-875 (Rev. 12/99)



Patent and Trademark Office, U.S. DEPARTMENT OF COMMERC

					· · · · · ·)	K	$\frac{\partial}{\partial C}$	5	file
	PATEN	IT APPLICA Eff	TION FEE	DETERI	MINAT 000	TION REC	OR	D	Applica	ation of $\frac{1}{2}$	r Dock	cet N	umber
		CLAIMS	AS FILE			7		SMALL	ENTITY	/ :-	• •	OTHE	R THAN
TOT	AL CLAIN	MS	(001	(Column 1) (Column 2)				TYPE			R S	MAL	L ENTITY
FOR			NUMB	NUMBER FILED NU		JMBER EXTRA		RATE		\dashv	⊢	RATE	
TOTA	AL CHARG	EABLE CLAIMS		minus 20= * minus 3 = *		NOMBER EXTRA		BASIC F	-	00	BAS	IC FE	E 710.00
NDE	PENDENT	CLAIMS	1					X\$ 9=			RX	\$18=	
MULT	IPLE DEP	ENDENT CLAIM	PRESENT					X40=		o	R X	ė0=	
' If the	e differen	Ce in column 1	in lane Al		· · · · · · · · · · · · · · · · · · ·			+135=		0	R +2	70=	
	0	ce in column 1				column 2		TOTAL		- 0	R TO	TAL	
0	U .	CLAIMS AS (Column 1		ED - PAR' (Colun		(Column 0)		CMALL	FAITHT				R THAN
1		CLAIMS REMAINING	100000000000000000000000000000000000000	HIGH	ST	(Column 3)	1	SWALL	ADD		R SM	ALL	ENTITY
Tot	·	AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	TIONA		RA	TE	ADDI- TIONAL
To		1.00	Minus	"/é	29	=		X\$ 9=		OF	X\$	 18=	FEE
FIF	dependent	ENTATION OF N	Minus	*** /	P	=	ı	X40=	 	1	`	0=	PG
		ZITATION OF I	NOLTIPLE DI	EPENDENT	CLAIM		ŀ	405	 	OF	`		9/
							L	+135= TOTAL	ļ	OF			20
		(Column 1)		(Colum	n 2)	(Column 3)	Α	DDIT. FEE			ADDIT	OTAL FEE	1/
		CLAIMS REMAINING	1	HIGHE NUMBE	ST ER	PRESENT	Г		ADDI-	7		—	ADDI-
Tota	·	AFTER AMENDMENT		PREVIOU PAID FO	JSLY	EXTRA		RATE	TIONAL FEE	-	RA	re	TIONAL
Tota		*	Minus	**		=		X\$ 9=	, ree	1_	X\$1	_	FEE
Inde	ependent	*	Minus	***		=	\vdash	X40=		OR			
1111	or Phese	NTATION OF M	JLTIPLE DE	PENDENT C	LAIM		\vdash			OR	X80)=	
							L	+135≃		OR	+270)=	
		(Column 1)			9/6		- AD	TOTAL DIT. FEE		OR	TC ADDIT.	TAL FEE	
		CLAIMS REMAINING		(Column HIGHES	T	Column 3)	_						
		AFTER AMENDMENT		PREVIOUS	SLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL		RAT	₋ T	ADDI- TIONAL
Total			Minus	PAID FOI			-		FEE		- 1/31	4	FEE
	endent	*	Minus	***			Ľ	(\$ 9=		OR	X\$18	=	
FIRS	T PRESE	NTATION OF MU	LTIPLE DEP	ENDENT CL			1	(40=		OR	X80=	_	
the en	itry in colum	In 1 is lose than the	ontre ==!				+	135=		OR	+270	_	
f the "H	lighest Num	in 1 is less than the ber Previously Pai iber Previously Paid er Previously Paid	o For IN THIS	SPACE is les	s than 2	0, enter "20."	100	TOTAL IT. FEE		OR OR	тот	AL	
he "Hi	ghest Numb	er Previously Paid	For" (Total or	SPACE is les Independent) i	s than 3 is the hig	, enter "3." phest number fo	und ii	n the appr	opriate hav	in selec	DDIT. FI	EE L	